



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

Canc: Apr 2015
IN REPLY REFER TO
BUMEDNOTE 1900
BUMED-M9
28 Apr 2014

BUMED NOTICE 1900

From: Chief, Bureau of Medicine and Surgery
To: All Ships and Stations Having Medical Department Personnel

Subj: INTERIM POLICY GUIDANCE CONCERNING ADMINISTRATIVE
SEPARATIONS FOR CONDITIONS NOT AMOUNTING TO A DISABILITY

Ref: (a) DODI 1332.14 of Jan 27, 2014, Enlisted Administrative Separations
(b) DODI 1332.38 of Nov 14, 1996, Physical Disability Evaluation
(c) SECNAVINST 1850.4E
(d) MILPERSMAN 1910-120
(e) USMC Enlisted Separations Manual
(f) NAVMED P-117, MANMED Chapter 18

1. Purpose. To establish interim Bureau of Medicine and Surgery (BUMED) guidance on making medical recommendations for separations for conditions not amounting to a disability.
2. Scope. This instruction applies to all Ships and Stations having medical department personnel.
3. Background

a. References (a) through (f) provide governance and instruction for the separation of individuals who suffer conditions that impair a member's performance, but do not rise to the level of a disability. A recent review of these separations showed that medical providers are generally in compliance with these instructions, but indicated a need for more robust documentation to demonstrate that due consideration is given to the option of referring cases to the Integrated Disability Evaluation System (IDES). It is of paramount importance that we ensure compensation to Sailors and Marines when applicable, and therefore vital that we provide every opportunity for Service members to have their cases adjudicated through IDES when appropriate.

b. BUMED interprets the intent of references (a) through (e) as allowing for the timely separation of individuals who have been identified to have a condition that is not compatible with military service, but does not meet the criteria for referral to the Physical Evaluation Board of a disability as defined in reference (c). Extra caution should be exercised when making a recommendation for separation for an individual with more than 24 months of service, or for anyone who has deployed to a combat zone. It is the responsibility of the recommending provider to demonstrate that he or she adheres to references (a) through (e), and to provide sufficient rationale for why a condition does not constitute a disability requiring an IDES

referral. The recommending provider, along with the provider performing the separation health assessment (previously known as the separation physical), must also ensure that patients being recommended for separation under this code have no other conditions that meet the standards for referral into IDES.

c. Providers are cautioned to make sure that we are not separating individuals for “conditions not a disability” when an IDES referral would be more appropriate. Providers should not attempt to prejudge the decision of the Physical Evaluation Board (PEB). If there is even the possibility that the PEB might find the Service member unfit for duty due to the referred condition, then a PEB referral should be made. Per reference (c) the president of the PEB is the only authority that can grant a waiver of disability evaluation processing, and can do so only at the written request of the member.

d. BUMED, the Bureau of Naval Personnel, and Headquarters Marine Corps are currently reviewing all applicable instructions and considering revisions to this process. More complete guidance will be forthcoming to ensure that our procedures are aligned with the true purpose of this separation code.

4. Action

a. Commanders, Navy Medicine Region East and West shall:

(1) Ensure compliance with the requirements of this notice.

(2) Appoint a senior medical provider to serve as a point of contact for collection and submission of monthly reporting requirements contained in paragraph 5.

b. Commanders, commanding officers, and officers in charge, Navy Medicine medical treatment facilities shall ensure:

(1) Compliance with the requirements of this notice.

(2) Monthly reporting requirements are submitted per paragraph 5.

c. Medical providers shall exercise appropriate caution when recommending administrative separation for conditions not amounting to a disability, ensuring that due consideration is given to submitting the case into IDES. Providers must thoroughly document the condition, the recommendation, the consideration for referral into IDES, and the desires of the individual member in the medical record. Cases that are indeterminate between administrative separation or referral to IDES, and other cases of a complicated nature, should be referred to a Medical Evaluation Board for adjudication. Given the inherent imprecision of mental health diagnoses in general and in the diagnosis of adjustment disorder in particular, special attention and scrutiny should be applied to recommendations for separation for the diagnosis of adjustment disorder.

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5. Reporting. Until further notice Navy Medicine medical treatment facilities shall report to Deputy Chief, Wounded, Ill, and Injured (BUMED-M09), via Navy Medicine East or Navy Medicine West, by the 15th of the month, a list of all recommendations for separations for "conditions not a disability" during the previous month. This information will assist BUMED in better determining the circumstances that typically surround these separations and assist in ensuring that this separation code is used as intended. The reporting format will be disseminated via separate correspondence, but will include the diagnosis and name of the provider making the recommendation.
6. Point of Contact. My point of contact for this notice is CAPT Charles Benson, MC, USN, who can be reached at (703) 681-9081 or at charles.benson@med.navy.mil.
7. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.
8. Reports. The reports required in paragraphs 3a, 3c, and 5, are exempt from reports control per reference (g), Part IV, Paragraph 7(k).



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